AUGUST 1991 Page 1 OMB No.: 0938-Mississippi State/Territory: AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY Inpatient hospital services other than those provided in an 1. -institution for mental diseases. //No limitations /X/ With limitations* Provided: Outpatient hospital services. Provided: //No limitations /X/ With limitations* Rural health clinic services and other ambulatory services furnished b. by a rural health clinic (which are otherwise included in the State plan). /X/With limitations* Provided: / / No limitations Not provided. Federally qualified health center (FQHC) services and other c. ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4). /X/ Provided: // No limitations /X/With limitations* Other laboratory and x-ray services. 3. / No limitations //With limitations* Provided: *Description provided on attachment. TN No. 92-04 1-1-92 Supersedes 14 8-23-93 Effective Date Approval Date

Revision: HCFA-PM-91-4

TN No.

(BPD)

- Date Received 1-30-92

ATTACHMENT 3.1-A

HCFA ID: 7986E

Revision: HCFA-PM-93-5TC (MB) May 1993

ATTACHMENT 3.1-A

Page 2 OMB NO:

	State/Territory: Mississippi
	AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
4.a.	Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
	Provided: No limitations X With limitations*
4.b.	Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.
4.c.	Family planning services and supplies for individuals of child-bearing age.
	Provided: X No limitations With limitations*
5.a.	Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
	Provided: No limitations X With limitations*
b.	Medical and surgical services furnished by a dentist (in accordance with section $1905(a)(5)(B)$ of the Act).
	Provided: No limitations _X With limitations*
6.	Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
a.	Podiatrists' services.
	Provided: No limitations X With limitations*
	Not Provided

Description provided on attachment.

TN No.	94-12		0 15 04		
Supersed	es	Approval Date	8-15-94	Effective Date	7-1-94
TN No.	93-15		7-11-94		

Revision: HCFA-PM-91-4 (BPD) August 1991

ATTACHMENT 3.1-A Page 3 OMB No.: 0938-

	State/Territory: Mississippi
	AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
b.	Optometrists' services.
	Provided: No limitations With limitations*
	X Not provided.
c.	Chiropractors' services.
	X Provided: No limitations X With limitations*
	Not provided.
đ.	Other practitioners' services.
	X Provided: Identified on attached sheet with description of limitations, if any.
	Not provided.
7.	Home health services.
	a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.
	Provided: No limitations _X With limitations*
	b. Home health aide services provided by a home health agency.
	Provided: No limitations _X With limitations*
	c. Medical supplies, equipment, and appliances suitable for use in the home.
	Provided: No limitations _X With limitations*
• de	escription provided on attachment.

TN No. 95-11	# 44 05		
Supersedes	Approval Date 7-28-95	Effective Date	7-1-95
TN No. 92-04	Date Received 7-/3-95		

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 3.1-A Page 3a AUGUST 1991 OMB No.: 0938-Mississippi State/Territory: AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY Physical therapy, occupational therapy, or speech pathology and -- audiology services provided by a home health agency or medical rehabilitation facility. \sqrt{X} Provided: \sqrt{X} No limitations \sqrt{X} With limitations* /_/ Not provided. 8. Private duty nursing services. /_/ Provided: // No limitations //With limitations* \sqrt{X} / Not provided.

8-23-93

Date Received 1-30-92

1-1-92

Effective Date

HCFA ID: 7986E

*Description provided on attachment.

Approval Date

TN No. 92-04

Supersedes

TN No. NEW

Revision: HCFA-PM-85-3 (BERC)

MAY 1985

ATTACHMENT 3.1-A

Page 4

OMB No.: 0938-0193

	State	Mississippi			
		AMOUNT, DURATION ARE AND SERVICES		DICAL CATEGORICALLY NEEDY	
9.	Clinic service	es.			
	[x] Provided:	[] No limita	tions [x]	With limitations*	
	[] Not provi	ded.			
10.	Dental service	28.			
	[x] Provided:	[] No limita	tions [x]	With limitations*	
	[] Not provi	ded.			
11.	Physical thera	py and related s	ervices.		
a.	Physical thera	ру.			
	[/] Provided:	[] No limita	tions [/	With limitations*	
	[] Not provi	ded.			
b.	Occupational t	herapy.			
	[Y Provided:	[] No limita	tions [:X	With limitations*	
	[] Not provi	ded.			
c.				g, and language disord a speech pathologist	
	[/] Provided:	[] No limita	tions [/	With limitations*	
	[] Not provi	ded.			

TN No. 89-11 Supersedes TN No. 85-5

Approval Date 12-13-89

Effective Date 1 HCFA ID: 1169P/0002P

 $^{{}^{\}star}\text{Description}$ provided on attachment.

Revision: HCFA-PM-85-3

MAY 1985

(BERC)

ATTACHMENT 3.1-A

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OMB No.: 0938-0193

		State Mississippi
		AMOUNT, DURATION AND SCOPE OF MEDICAL ND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
12.		Prescribed drugs, dentures, and prosthetic devices; and eyeglasse prescribed by a physician skilled in diseases of the eye or by a optometrist.
	a.	Prescribed drugs.
		[x] Provided: [] No limitations [x] With limitations*
		[] Not provided.
	b.	Dentures.
		[] Provided: [] No limitations [] With limitations*
		[x] Not provided.
	c.	Prosthetic devices.
		[x] Provided: [] No limitations [x] With limitations*
		[] Not provided.
	đ.	Eyeglasses.
		[x] Provided: [] No limitations [x] With limitations*
		[] Not provided.
13.		Other diagnostic, screening, preventive, and rehabilitative services i.e., other than those provided elsewhere in the plan.
	а.	Diagnostic services.
		[x] Provided: [] No limitations [x] With limitations*
		[] Not provided.

*Description provided on attachment.

TN No. 89-11 Supersedes TN No. 85-5

Approval Date 12-13-89

Effective Date /-/-HCFA ID:

Revision: HCFA - Region VI

November 1990

ATTACHOGENT 3.1-4 Page 6

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY MEEDY

ъ.	Scree	ming servi	tes.					
	<u>/X/</u>	Provided:	二	No	limitations	<u> </u>	With limitat	ions*
		Not provi	ded.					
c.	Preve	mtive serv	lces.					
	<u> </u>	Provided:	7	Yo	limitations	<u> </u>	With limitat	ions*
		Hot provi						
d.	Rehab	oilitative :	Jervi c	.				
	<u>/ X/</u>	Provided:		To	limitations	<u>/X/</u>	With limitat	ions*
	<u></u>	Not provid	led.					
14.		ces for incuses.	lividu	als :	age 65 or older	r in ins	titutions for	mental
8.	Inpat	lent hospit	al se	rvic	es .			
		Provided:		Yo .	limitations		With limitat	ions*
	<u>/X/</u>	Not provid	led.					
ъ.	Nursi	ing	facili	ity :	services.			
		Provided:	二	Bo :	limitations		With limitat	ions*
	<u>/X/</u>	Not provid	led.					

*Description provided on attachment.

TH No.	91-23				
Superse		Approval Date	5-4-93	Effective Date	7-1-91
TH No.	89-11	Date Receivi	ed 9-12-9	1	

AMOUNT, DURATION AND SCOPE OF HEDICAL AND REHEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY WENDY

15.	Services in an intermediate care facility for the mentally retarded (other in an institution for mental diseases) for individuals who are determined, in accordance with Section 1902(a)(31)(A), to be in need of such care.							
	(X/ P	:bebivo	<u></u>	Wo limitation	ons	<u>/X/</u>	With limitations*	
		t provide	d.					
16.	Inpatier of age.	nt psychi	atric	facility so	rvices for	ind	ividuals under 22 year	rs
		ovided:	7	No limitatio	on s	/X/	With limitations*	
		t provid				_		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
17.	Eurse-mi	dwife se		•				
	/X_/ Pt	ovided:		Wo limitation	ons	巫	With limitations*	
	/ Wo	t provid	ed.					
18.	Hospica	care (in	accor	dance with	section 19	W5 (o) of the Act).	
	•			Fo limitati			With limitations*	
		provide						
		•						
*Desc	ription ;	provided	on att	achsent.				
TH No					5-4-93		7 1	0.1
Super	91-30		Apps	roval Date _ ate Received		1	Effective Date 7-1	-91

Revision: HCFA-PM-94-7 (MB) ATTACHMENT 3.1-A Page 8 SEPTEMBER 1994 STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: <u>Mississippi</u> AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY 19. Case management services and Tuberculosis related services Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act). X Provided: X With limitations Not provided. b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act. ___ With limitations* Provided: _x Not provided. 20. Extended services for pregnant women a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls. X Additional coverage ++ b. Services for any other medical conditions that may complicate pregnancy. Additional coverage ++ ++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only. *Description provided on attachment. 95-10 TN No. Approval Date 7-28-95 Effective Date 4-/-95

- Date Received 6.30-95

Supersedes

TN No. 94-10

Revision:	AUGUST 1991	4 (BPD)		ATTACHMENT 3.1- Page 8a OMB No.: 0938-	
	State/Territ	ory: <u>Miss</u>	issippi		
AND	REMEDIAL CARE	OUNT, DURATION,	AND SCOPE PROVIDED T	OF MEDICAL O THE CATEGORICAL	LY NEEDY
presun	atory prenatal mptive eligibi section 1920 o	lity period by	nant women an:eligibl	furnished during e provider (in a	ccordance
	Provided: /		ons /	_/ With limitation	ns*
<u> </u>	Not provided	ı .			
	ratory care segh (C) of the		ordance wi	th section 1902(e	e)(9)(A)
	Provided:	∠/ No limita	tions _	/With limitations	3*
<u> </u>	Not provide	ed.			
Certifi 23. \(\frac{Pediat}{}{}		nurse practit	ioners' se	rvices.	
Prov	vided: <u>/</u> / N	o limitations	$\sqrt{X/With}$	limitations*	
<u> </u>					
*Descripti	on provided o	on attachment.			
TN No. Supersedes	92=04	1 Date 8-23-	-93	Effective Date _	1-1-92
TH NO. NE	- Approva		20.02	TITACCIAA Daca	

Date Received 1-30-92

HCFA ID: 7986E